

## 2005 White House Conference on Aging

### Post-Event Summary Report

Name of Event: *The Booming Dynamics of Aging, A Mini White House Conference on Aging*  
In The Northwest Piedmont “Independent WHCoA Event”

Date of Event: May 23, 2005

Location of Event: Winston-Salem State University, Thompson Student Center, Room 2007 A,  
B. & C, Winston-Salem, NC

Number of Persons attending: 130 Attendees

Sponsoring Organization(s): Region I Delegates and Alternates of the North Carolina Senior Tar  
Heel Legislature and Northwest Piedmont Council of Governments  
Area Agency on Aging

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***The Booming Dynamics of Aging***  
**A Mini White House Conference on Aging**  
**In The Northwest Piedmont**  
*“Independent WHCoA Event”*

May 23, 2005  
Winston-Salem State University  
Thompson Student Center  
Room 207 A, B. and C  
Winston-Salem, NC

**Welcome and Introductions**

Vernon Dull, Speaker and Davie County Delegate, N.C. Senior Tar Heel Legislature, welcomed the 130 attendees to *The Booming Dynamics of Aging*, A Mini White House Conference on Aging in The Northwest Piedmont, “*Independent WHCoA Event*”. He announced that the forum has been designated as an official independent pre-White House Conference on Aging event by the 2005 White House Conference on Aging Policy Committee.

Mr. Dull recognized the major sponsor as Pfizer – and other supporting sponsors include Hearthside Home Care and the Southeastern Association of Area Agencies on Aging and North Carolina Association of Area Agencies on Aging. He pointed out that Pfizer has provided information on Medicare Part D.

He introduced Dr. Valerie L. Giddings, Associate Vice-Chancellor for Lifelong Learning, Winston-Salem State University, who brought greetings from the University.

Dean Burgess, Director of Northwest Piedmont Council of Governments Area Agency on Aging brought greetings from Northwest Piedmont Council of Governments.

**Keynote Address**

Doris Dick introduced Bob Blancato, Policy Committee Member, and 2005 White House Conference on Aging. Bob gave an overview of the history and purpose of the White House Conference’s on Aging and gave a framework for the three policy issues to be discussed in breakout sessions.

**Focus Groups**

The attendees proceeded to their assigned Focus Groups to address the following policy issues:

*Red Session-* Session I: Planning Along the Lifespan. Facilitator: Dennis Toman, Elder Law Attorney

*White Session* – Session II: Health and Long Term Living. Facilitator: Dr. Patty Suggs, Lecturer and Gerontologist, Wake Forest University/Baptist Medical Center

*Blue Session* – Session III: Social Engagement. Facilitator: Dr. Althea Taylor-Jones, Winston Salem State University.

## **Process**

The facilitators of each group instructed their group participants to identify problems associated with their policy issue and vote to select their #1 priority related to that issue using a modified nominal group process technique. Each group was instructed to identify solutions. The Focus Groups reported their solutions in plenary session. The following is a summary of their reports:

### **I. Planning Along the Lifespan**

Priority Issue #1: Public policy to protect and enhance the financial security and health care options including long term health care for older adults while educating and enabling younger adults to plan earlier and more efficiently.

Barriers:

1. No plan in place
2. Funding
3. Education on all related issues
4. A reliable source for accessing information
5. Transportation
6. Inter-county, Inter-city collaboration
7. Lack of respect for elders (stereotyping)
8. Burned out caregivers
9. Lack of planning across the lifespan
10. Poverty level – not enough left over to save anything

Solutions:

1. Social Security to include long term care, dental, hearing and vision benefits
2. Increase minimum income limits
3. Begin education early for better financial management
4. Fraud awareness – major media campaigns
5. Affordable access for health care – National Priority
6. Preserve Social Security and do not increase the age limit
7. A portion of money placed automatically in account as soon as you start working
8. Affordable prescription drugs – Medicare Part D and Private Health Plans
9. Include long term care in Social Security
10. Funding streams that encourage collaboration
11. Model other senior “success” programs
12. Senior communities – Involve Realtors, Investors and Government
13. Intergenerational daycare centers
14. Individual responsibility
15. Better involvement of Faith community to do outreach
16. Get private sector interested and involved

## **II. Health and Long Term Living**

Priority Issue #1: Affordable health care without disparity (including mental health) which includes: prevention, access, treatment, and medications

### Barriers:

1. Cost of care and medications
2. Institutional bias
3. Disparity to healthcare and access
4. Limited number of healthcare workers, professionals relating to geriatricians, nurses, geriatric nurse practitioners, P.A.'s, mental health providers, allied health care workers
5. Education for older adult healthcare professionals and other workers including research in geriatrics
6. Shortage of healthcare workers including geriatricians, nurses, nurse aids, etc.
7. Size of problem across the life span
8. Poor public information related to political influence
9. Influence on public information due to big businesses
10. Availability of rural healthcare services
11. Misuse of emergency rooms (i.e. used for primary healthcare)

### Solutions:

1. Single portal for access to services- dilute turfism and coordinate seamless communication of "accurate" information.
2. A Comprehensive Funding Plan for Health Care developed with input from the grassroots level
3. Create a referendum for universal healthcare
4. Control profits from medical and pharmaceutical companies – Federal Intervention
5. Provide incentives to attract healthcare workers for rural healthcare
6. Target funding for specific education related to health promotion and disease prevention – switch focus from medical model of health care to preventative model
7. Create and fund models to address healthcare issues and provide home care using trained volunteers and include the faith based community
8. Increase reimbursement to healthcare providers and institutions providing positive outcomes for patients.
9. Stress training and development of Geriatric Specialty Teams
10. Translational Medical Research (applied to practice)
11. Addressing on a national level the need for equitable pay for Direct Care Workers
12. Increased funding under the Older Americans Act for home and community based services

### **III. Social Engagement**

Priority Issue #1: Availability of programs, funding and educational opportunities emphasizing social engagement

Barriers:

1. Transportation options
  - a. Public, private and volunteer-based
2. Adequate funding
3. Diversity – lack of diversified programs
4. Mobility – a) not enough physical therapists for the future and b) not enough trained physiologists and “exercise specialists”
5. Mental health – a) negative and defensive thinking about mental health and b) the cost factor and how to make it affordable
6. Urban planning – a) not enough seniors in the planning and b) not enough regional collaboration
7. Information vacuum
8. Affordable health care (including mental health) not available to all segments of senior population

Solutions:

1. Education of public and staff working in associated fields
2. Expanded number of buses, mini vans, and coordinated routes
3. Public affordable transportation via transit plans and volunteer drivers
4. Sense of community awareness
5. Senior grants – more senior focus grants for organizational groups
6. Universities, communities and colleges – establish “State of the Art” instructional curriculum in physiology and physical therapy.
7. Make mental status exams for identified seniors both available and affordable
8. County commissioners incentives to collaborate – mayor and city council collaborate with county governments in urban and regional planning for senior issues
  - a. Built-in incentives for regional collaboration in grants – cash flow regarding these issues
9. More funding for quality care training for caregivers
10. Expanded home based service funding
  - a. Extending quality of life for care recipient and caregiver
11. Building a community" with the idea that a sense of community can be a planned physical dimension-an area where there are residences, resources all within good proximity of the participants.

### **Next Steps**

Karen Gottovi, Director, North Carolina Division of Aging and Adult Services, Raleigh, NC made the closing remarks. She shared with the attendees the importance of their work that was done in each focus group and how it would be utilized in orientation of the North Carolina delegates to the 2005 White House Conference on Aging to make sure that their voices would be heard.

### **Adjournment**

Vernon Dull thanked the keynote speaker, Bob Blancoto, Karen Gottovi from the NC Division of Aging and Adult Services, policy experts including Elder Law Attorney Dennis Toman, Dr. Patty Suggs and Dr. Althea Taylor-Jones, facilitators and recorders and most of all the participants who took time out of their day to provide input from the northwest piedmont region of North Carolina that will help shape aging policy for older adults today and the baby boomers tomorrow.

Mr. Dull officially adjourned the Mini White House Conference on Aging event.